



membership application

On behalf of the California Pharmacists Association (CPhA), welcome to the profession! This is an exciting time in pharmacy and there is no better way to prepare than with a professional membership in CPhA.

PERSONAL INFORMATION

First _____ M.I. _____ Last _____
 Title/Position _____
 Company/Pharmacy _____
 Gender: M F
 Credentials: PharmD RPh PhD JD MBA MPH BS
 Other _____
 License/Intern # _____ Birthdate (month/date/year) ____/____/____
 Email Address _____

PERMANENT ADDRESS

Street _____
 City _____ State _____ Zip _____
 Phone (_____) _____ Cell Home Work

OTHER INFORMATION

Pharmacy School _____
 Graduation Year _____ Recruited by _____

DEMOGRAPHIC INFO

- Which of the following best describes your job function? (check one)
 - Academic Faculty/Staff
 - Case Manager
 - Clinical Pharmacist
 - Marketing/Sales
 - Not Employed
 - Pharmacy Director
 - Pharmacy Manager
 - Pharmacy Owner
 - Pharmacy Technician
 - Network Manager
 - President/CEO
 - Resident/Fellow
 - Retired
 - Staff/Operations Pharmacist
 - Student Pharmacist
 - Other: _____
- Which of the following best describes your primary employment setting? (check one)
 - Community Chain Drug
 - Community Chain Grocery
 - Independent Community
 - In-patient Hospital
 - Mail Order/Central Fill
 - Managed Care
 - Non-Profit Org./Agency
 - Out-patient Hospital
 - Pharmaceutical Industry
 - University/Research Institution
 - Other: _____

MEMBERSHIP DUES

- Pharmacist: \$490
- New Practitioner, 2 year membership pack (Last Year of Pharmacy School + 1st Year Post Graduate): \$190
 - New Graduate Pharmacist
 - 1st Year Post Graduate: \$140
 - 2nd Year Post Graduate: \$255
 - 3rd Year Post Graduate: \$390
 - Joint Membership (Pharmacist with full member pharmacist spouse): \$325
 - Retired Pharmacist (Board of Trustees approval required): \$275
 - Student Pharmacist (Assigned to Academy of Student Pharmacists): \$50
 - Graduation Year: 2020 2021 2022
 - Pharmacy Technician
 - Registered Technician: \$165
 - Student Technician: \$50
 - Associate (Individuals who are not pharmacists or technicians): \$275

A portion of your dues will go to support the California Pharmacy Political Action Committee (CPh-PAC). Please see reverse side for breakdown.

SPECIAL INTEREST GROUP (SIG) MEMBERSHIP

(free - select all that apply)

- Compounding SIG
- Community Pharmacy SIG
- Ambulatory Care SIG
- Long Term Care SIG
- Managed Care SIG
- Inpatient Care SIG
- Pharmacy Ownership SIG
- Pharmacy Technician SIG

ADDITIONAL CONTRIBUTIONS

- CPh-PAC (Political Action Committee)* \$ _____
- Pharmacy Defense Fund of California (PDFC) \$ _____

CHARITABLE CONTRIBUTIONS

- Don & June Salvatori California Pharmacy Museum \$ _____
- Pharmacy Foundation of California \$ _____

PAYMENT OPTIONS

Total Payment: \$ _____

- Check made payable to CPhA
- Charge my credit card (Visa, Mastercard, AmEx, Discover)

Card Number _____
 Expiration Date _____
 Security Code _____
 Name on Card _____
 Billing Address _____
 City _____
 State _____ Zip _____
 Signature _____

I prefer my political support money to be deposited in the Pharmacy Defense Fund.
 Please see reverse side for breakdown.

SEND APPLICATION TO:

California Pharmacists Association
 4030 Lennane Dr., Sacramento, CA 95834
 Email: membership@cpha.com
 Fax: (916) 779-1401

*Per calendar year, initial PAC contributions up to \$200 will go to the CPh-PAC Small Contributor Committee (FFPD ID#); total contributions in excess of \$200 will go to the CPh-PAC Independent Expenditure Committee (FFPC ID#).